

Arkansas Farmers Market Promotion Program

Grant Expenditure Report Form

Farmers Market: _____ Date of Award: _____

1) PLEASE GIVE AN ITEMIZED REPORT OF EXPENDITURES FROM GRANT MONEY

NOTE: Use additional sheets if necessary.

<u>Date</u>	<u>Item</u>	<u>Cost</u>

2) PLEASE ATTACH COPIES OF ALL CANCELLED CHECKS AND INVOICES (BOTH PAID AND IN KIND) FROM GRANT AND LOCAL MATCH TO THIS FORM.

3) PLEASE ATTACH A COPY OF FINAL PROMOTION OR COMPLETED SIGNAGE TO THIS FORM.

4) TOTAL AMOUNT OF ALL PROMOTION FUNDS EXPENDED \$ _____

5) PREPARED BY (signature of preparer): _____

6) PRINTED NAME AND PHONE NUMBER OF PREPARER: _____

7) APPROVED BY (Farmers Market Manager): _____

8) PRINTED NAME AND PHONE NUMBER OF FARMERS MARKET MANAGER: _____

9) DATE OF SUBMISSION: _____

****NOTE: All questions must be answered in order for the grant to be completed and closed.**

Please return the form and accompanying documentation to the Arkansas Agriculture Department, #1 Natural Resources Drive, Little Rock, AR 72205 by December 31, 2016 or e-mail to melissa.lambert@aad.ar.gov.